



Student Discialmer & Information Form  Students- Fill out this form in its entirety. Print clearly in blue or black ink.				Class Location:  Class Date:/			
						First Name:	
Last 4 digits of SS#	: Da	te of Birth:		Phone Number:_			
Email:							
Company Name:							
Address:		City:		State:	Zip:		
safety, health, and envir certify or imply that the I authorize ETC to store a	onmental training holder has been so and display the re	curriculum. The sufficiently trained sults of this course	successful completion I to safely perform his e in industry-approve	of this orientation and the possess or her job duties.	in conjunction with a comprehensive ion of an ETC Photo ID Card does not ETC Portal and the SafeLandUSA Database.		
I HAVE READ, UND	ERSTAND, AND	AGREE TO TH	HE ABOVE DISCLA	LIMER AND AUTHORIZATION	<u>u.</u>		
Student Signature (required):					Date:/		
Course Evaluation Instructor's Name:				Instructor's ETC #			
At the conclusion of the	<mark>class, please eval</mark> t	ıate and grade th	e following areas of y	our class. If you need additional roo	om for comments, you may use the back.		
A=Excellent B=Good	C=Average	e D=Below Av	verage F=Inadeq	uate			
Area	Grade	Comments					
Training Materials (test, PowerPoint)							
Facilities/Classroom							
Instructor							
Length of Class: circle one 2-4 hours		4-6 hours	6-8 hours	8+ hours			